

BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report

Health Plan ID #2162934

Health Plan Name: AmeriHealth Caritas Louisiana

Reporting Month: October

Begin Date: 10012013

End Date: 10312013

DHH Denial Code	DHH Denial Description	# of Denied Claim Lines
1	Lack of documentation to support Medical Necessity	1
2	Prior Authorization was not on file	14931
3	Member has other insurance that must be billed first	4159
4	Claim was submitted after the filing deadline	5168
5	Service was not covered by the BAYOU HEALTH PLAN	1789
6	All Other	69087
Total		95135